

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035505

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 227 Primary Registration District No. 4339 Registrar's No. 47

FILED OCT 1 1962

VS 300  
Rev. 4/5966902690

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1290-2132-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PARIS</u>		c. CITY OR TOWN <u>PARIS</u>	
Length of stay in 1b <u>47 YRS.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>E. MARION ST.</u>		d. STREET ADDRESS (If outside, give location) <u>E. MARION ST.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>HOWARD JACOB SHRADER</u>		4. DATE OF DEATH Month Day Year <u>SEPT. 22 1962</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-21-1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GENERAL HAULING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TRUCKING</u>	11. BIRTHPLACE (City and state or country) <u>MONROE CO. MO.</u>
13a. FATHER'S NAME <u>JAMES P. SHRADER</u>		13b. MOTHER'S MAIDEN NAME <u>MIRANDA McGEE</u>	14. NAME OF HUSBAND OR WIFE <u>EFFIE J. SHRADER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hemostatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of left lung-</u>		DUE TO (c) <u>operated 1958-Ellis-Fischel - C.A.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>9-19-62</u> to <u>9-22-62</u> and last saw him alive on <u>9-22-62</u> Death occurred at <u>5:45 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Mollie S. Christman RD</u>		22b. ADDRESS <u>Paris, MO</u>	
22c. DATE SIGNED <u>9-23-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>9-24-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE CEM.</u>	23d. LOCATION (City, town, or county) <u>PARIS, MO.</u>
24. FUNERAL DIRECTOR <u>E. H. AGNEW</u>	ADDRESS <u>PARIS, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>9-23-62</u>	26. REGISTRAR'S SIGNATURE <u>J. A. Barnett M.D.</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JUN 1 1966

OCT 9 1962

OCT 16 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.